C141317

Missouri Ethics Commission

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AUG 0 -1 2019



Missouri Ethics Commission (MEC)

AUG 0 9 2019

PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

## **Statement of Committee Organization**

1.	Statement Information
	Date: $\frac{7}{15/17}$ Type: $\square$ New $\square$ Amended (if amending, enter MEC ID $\bigcirc$ 14 13 17 & section changed 3 $\bigcirc$ )
,	Type:  New Amended (if amending, enter MEC ID C 19 13 17 & section changed 3 6 )  Committee Information
<b>.</b> .	Lucys for KC
	Name of Committee  1851 Pages #412 Kangas Caty, MB 64108  Committee Mailing Address, City, State, & Zip  Telephone Number
	Official Committee Email Address County Clerk or Board of Election Commissioners
	Committee Type: ☐ Campaign ☐ Candidate ☐ Continuing (PAC) ☐ Debt Service ☐ Exploratory ☐ Political Party
3.	Treasurer/Deputy-Treasurer Information
	Michael Capoc
	Treasurer's Name (First & Last)  Treasurer's Email Address (optional)
	Treasurer's Mailing Address, City, State, &iZip  Treasurer's Mailing Address, City, State, &iZip  Treasurer's Home Telephone Number  Treasurer's Work Telephone Number
	Mobile Mobile
	Deputy Treasurer's Name (if one appointed)  Deputy Treasurer's Email Address (optional)
	4800 Jofferson St., #402 KC, MO 64112 (816) 591. 8815  Deputy Treasurer's Malling Address, Cky, State, & Zip  Dep. Treasurer's Home Telephone Number  Dep. Treasurer's Work Telephone Number
1	Additional Committee Information
τ.	MIVILIADIAILIAI
	Additional Committee Officer's Name & Title (if any)  Additional Committee Officer's Mailing Address, City, State, & Zip
	Connected Occological Name (Fam.)
	Connected Organization's Name (If any)  Connected Organization's Malling Address, City, State, & Zip
	CANDIDATES: Do you have more than one candidate committee?
	Name & Mailing Address, City, State, & Zip of Financial Institution Account Name Account Number
i.	Candidate Supported or Opposed (candidate committees must include self, if candidate)
	Quanto L-cog 1951 Roseo KC, MO 64103 ()
	Name & Mailing Address, City, State & Zip of Candidate  Telephone Number (Candidate Committees Only)
	Auri 4, 7023  Mayor - Kansus CI+Y  Election Date  Office Solught & Political Party  Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign/committees must complete this section)
•	
	Name of Ballot Measure Election Date & Political Subdivision Support or Oppose
	Signature(s) Check certification(s) & sign (required by all committees)
	🛂 I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I
٠	further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.
	1/ki /h/h
10	Confine (Candidate (Candidate (Candidate Charmittees Only)  Confine (Candidate (Candidate Charmittees Only)  Form must be completed in full & contain original signature(s) fax filings are not accepted.

Packet (Rev. 12/2016)